HALES CORNERS 53130 Phone: (414) 529-0100
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 61
Total Licensed Bed Capacity (12/31/00): 61
Number of Residents on 12/31/00: 59

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Church Related Skilled No Yes 57

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%								
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	39. 0 25. 4				
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	35. 6				
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	50. 8 15. 3	65 - 74 75 - 84	5. 1 32. 2		100. 0				
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47. 5	***********	******				
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemiplegic Cancer	1. 7 0. 0	95 & 0ver	15. 3	Full-Time Equivaler Nursing Staff per 100 Re	it esi dents				
Home Delivered Meals	Yes	Fractures	0.0	05 0 0	100.0	(12/31/00)					
Other Meals Transportation	No Yes	Cardi ovascul ar Cerebrovascul ar	3. 4 6. 8	65 & 0ver	100. 0	RNs	15. 9				
Referral Service	No	Di abetes	1.7	Sex	%	LPNs	4. 0				
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	0. 0 20. 3	Male	22. 0	Nursing Assistants Aides & Orderlies	29. 3				
Mentally Ill	No		100.0	Female	78. 0						
Provi de Day Programming for Developmentally Disabled	No		100. 0		100. 0						

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		P	Private Pay		N	Manage	d Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 9	\$226.00	0	0. 0	\$0.00	1	1. 7%
Skilled Care	3		\$215.38	20	95. 2	\$108.39	ŏ	0. 0	\$0.00	32			ŏ	0. 0	\$0.00	55	93. 2%
Intermedi ate				1	4.8	\$88. 84	0	0.0	\$0.00	2	5. 7	\$194.00	0	0.0	\$0.00	3	5. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	3	100.0		21	100. 0		0	0.0		35	100.0		0	0.0		59	100.0%

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Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 16. 1 Private Home/With Home Health 0.0 Bathi ng 0.0 67.8 32. 2 59 Other Nursing Homes 4.8 Dressi ng 8. 5 64. 4 27. 1 59 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 79.0 Transferri ng 22.0 59 64. 4 13. 6 59 61.0 0.0 Toilet Use 16.9 22. 0 59 0.0 Eating 66. 1 18.6 15.3 Other Locations ******* 0.0 Total Number of Admissions 62 Conti nence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5. 1 1. 7 Private Home/No Home Health 40.7 Occ/Freq. Incontinent of Bladder **59.** 3 0.0 Private Home/With Home Health Occ/Freq. Incontinent of Bowel 0.0 3.4 15. 3 Other Nursing Homes 0.0 6.8 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 6.8 3.4 Mobility Physically Restrained 5. 1 33.9 0.0 0.0 Other Locations 1.7 Skin Care Other Resident Characteristics 5. 1 Deaths 47.5 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 3.4 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Ownershi p:			Size:		ensure:		
	Thi s	Nonprofit		50-99		Skilled		Al l	
	Facility		Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 4	91. 5	1.02	86. 1	1. 09	81. 9	1. 14	84. 5	1. 11
Current Residents from In-County	88. 1	87. 4	1. 01	90. 2	0. 98	85. 6	1.03	77. 5	1. 14
Admissions from In-County, Still Residing	35. 5	27. 5	1. 29	22. 1	1.61	23. 4	1. 51	21. 5	1.65
Admi ssi ons/Average Daily Census	108. 8	115. 2	0. 94	168. 8	0.64	138. 2	0. 79	124. 3	0. 88
Discharges/Average Daily Census	103. 5	118. 5	0. 87	169. 2	0.61	139. 8	0. 74	126. 1	0.82
Discharges To Private Residence/Average Daily Census	45. 6	35. 5	1. 29	70. 9	0. 64	48. 1	0. 95	49. 9	0. 91
Residents Receiving Skilled Care	94. 9	89. 5	1.06	93. 2	1. 02	89. 7	1.06	83. 3	1. 14
Residents Aged 65 and Older	100	96. 9	1. 03	93. 4	1.07	92. 1	1. 09	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	35. 6	57. 6	0. 62	51. 5	0. 69	65. 5	0. 54	69. 0	0. 52
Private Pay Funded Residents	59. 3	35. 4	1. 67	36. 3	1.63	24. 5	2. 42	22. 6	2.63
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 4	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	66. 1	30. 8	2. 14	33. 0	2.01	31. 5	2. 10	33. 3	1. 98
General Medical Service Residents	20. 3	24. 9	0.82	24. 2	0.84	21.6	0. 94	18. 4	1. 10
Impaired ADL (Mean)	49. 8	50. 5	0. 99	48. 8	1. 02	50. 5	0. 99	49. 4	1.01
Psychological Problems	61. 0	45. 5	1. 34	47. 7	1. 28	49. 2	1. 24	50. 1	1. 22
Nursing Care Required (Mean)	6. 8	6. 6	1. 03	7. 3	0. 93	7. 0	0. 96	7. 2	0. 95